

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1		1			
9	1			1		
10	2			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
15	1			1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS		15				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.		←				←
TOTAL CLAIMS		15				